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ABSTRACT

The development and implementation of clinical inservice for the Collier County Master Inservice Plan is described. Clinical inservice is a learning situation where the consultant and teacher are together with the pupil who is the ultimate recipient of the benefits derived from the anticipated newly acquired skills or knowledge. Clinical inservice education is characterized by learning experiences for teachers through their interactions with pupils or colleagues, parents, or administrators. The clinical approach to inservice requires the application of newly acquired skills and knowledge to real situations. The rationale for this approach is outlined, and the model developed by Collier County is described. (JMF)

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COLLIER COUNTY TEACHER EDUCATION CENTER
CLINICAL INSERVICE
MODEL

"Bridging the Gap Between Theory & Practice"

"Inservice During Prime Time"

"Teacher Learning in a Practical Setting"

"Individualized Instruction"

"A Delivery System That Works"

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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CLINICAL INSERVICE

This document describes the development and implementation of clinical inservice for the Collier County Master Inservice Plan. Clinical inservice is a learning situation wherein the consultant and teacher are together with the pupil who is the ultimate recipient of the benefits derived from the anticipated newly acquired skills or knowledge. Clinical inservice education is characterized by learning experiences for teachers through their interactions with pupils or others (colleagues, parents, administrators) with whom they work. The clinical approach to inservice requires the application of newly acquired skills and knowledge to real situations. The rationale that supports this clinical approach is based upon the following:

1. The days available for traditional courses of instruction and workshops are limited. Alternative approaches must be found to continue viable programs of inservice.
2. Learning that can be applied in the practical setting of the teacher's work area are more useful immediately than vicarious experiences or theoretical learnings that are offered away from the teacher's work place.
3. Clinical inservice provides an opportunity for continuous and long-range learnings to take place as opposed to the intensive, but brief learning that is often provided in workshops or by other instructional methods.
4. Clinical inservice provides a convenient approach to individualized instruction as each teacher applies new techniques according to one's own characteristics in the individual features of the teaching assignment.

5. Clinical inservice provides a strategy that helps bridge the gap between "theory and practice".
6. Clinical inservice capitalizes upon "prime time" in a setting where the teacher is faced with the most pressing professional obligation, i.e., teaching students.
7. The approach provides an ideal setting in which to define, with an expert, a set of clinical experiences to establish and reinforce effective instruction strategies.

Since previous inservice programs have relied upon the more traditional teaching methods it is not evident what pitfalls and problems might be encountered in implementing clinical inservice. Therefore, it is appropriate to begin clinical inservice on a limited scale before launching a "full-scale" approach.

General Approach - The approach recommended is to establish a procedure to allow individual teachers to select the knowledge, skill, or procedure required. Another initial action could be for an administrator or supervisor to suggest content appropriate for the teacher to consider. The current list of inservice components in the Master Inservice Plan provides possible topical areas. After selecting the topic for clinical inservice, the teacher confers with someone who is qualified to work with that teacher. Together they will devise activities that include preparation for the clinical experience, activities in the clinical experience, and an evaluation of the activities. For example, if a teacher selects the component Classroom Management, there is a number of approaches to assist the teacher to improve upon this area of concern. In the clinical approach it would be

required that someone qualified in classroom mangement should confer with the teacher and to plan the learning activities with the teacher. Included among the activities will be the requirement that the teacher apply the new knowledge for classroom management to actual situations. Furthermore it would be required that acceptable evaluation evidence has sufficient documentation verifying that the teacher has acquired the competence or skill. The inservice points are variable, but must conform with the range stated in the existing listing of components.

The general statement of how clinical inservice may operate helps identify criteria for the eligibility of clinical settings.

One criterion is essential to determine the scope of learning allowed in a clinical setting. As a general rule only those learnings that can be practiced in an actual setting with "clients" (pupils, teachers, parents, etc.) are eligible.

Who approves the supervisor, consultant, or monitor for the teachers inservice learning?

It is recommended that approval be granted by the principal and at least one other professional. The other professional could be a supervisor, an educational consultant, or an appropriate chairperson qualified to make an acceptable judgement.

Who may supervise the work of the teacher?

It is preferable to select someone who is a specialist in the area to be learned and who is not in a position to hire and evaluate the teacher. The purpose of clinical supervision is to improve instruction rather than to evaluate the teacher's performance as a teacher.

Who selects the topics for clinical learning?

An administrator or supervisor may recommend that a teacher study a particular topic, but the teacher must have a voice in determining the topic and must agree to the activities and conditions under which performance is to be accomplished. The teacher initiates the request for learning through the clinical approach and solicits assistance from administrators and supervisors in arranging for the involvement.

How can the program be launched?

It is probably necessary to begin on a limited scope. The limitations may be imposed by reducing the number of teachers participating to a specific number, limiting the topics that are to be selected, and restricting the initial implementation to a specific grade level and/or school. It seems reasonable to initiate the program with no more than two elementary schools, one middle school, and one high school. It might also be wise to limit the number of people, limit the content to a few selected topics, and expect no more than four or five supervisors or consultants to comprise the group who is responsible for working directly with the classroom teacher.

How are standards maintained?

Any inservice program provides for teachers to learn new skills, knowledges, or processes. The instructional portion of inservice continues to be critical for clinical inservice. The teacher who receives credit or MIP's (master inservice points) must do more than the normal and usual duties typically performed each day. The advantage in clinical inservice is that "practical" opportunities can be provided in authentic settings. The determination of credit

points (MIP) for each component must be related to the expended time required to acquire new learnings to display the competence that meets the criteria for acceptable performance. Safeguards are to be provided to avoid credit or the illusion of inservice education for merely performing the normal duties of the teacher's assignment.

Which components in the existing plan are eligible for the inservice approach?

The factors that have been considered in selecting components is the extent to which the objectives of the component involve pupil/teacher interaction and whether or not the learning activity provided by the component allows for individualization and flexible instruction for each teacher.

CLINICAL INSERVICE TRAINING: NARRATIVE DESCRIPTION OF PROCESS

Step 1 A teacher or group of teachers identifies a concern with some aspect of his/her practice. The concern may relate to a specific and easily identifiable problem or may be a more generalized and one that is not easily described. The concern may relate to a problem with curriculum materials, motivation, descriptive behavior, teaching techniques, or any other aspect of the school that poses an inhibiting factor to student learning. The teacher should examine the concern to test whether or not it is one that could be alleviated by training and development on the part of the teacher as opposed to corrective, administrative action per se. If the former seems likely, the teacher initiates Step 2 in the process.

Step 2 The teacher completes a "Request for Service" form. Data are provided that describe the general nature of the teacher's assessment of possible training activities that could prove useful

in resolving the concern. A statement of the teacher's desired learning outcomes is to be attached.

Step 3-4 Teacher Education Center staff receive and evaluate the teacher's "Request". The evaluation consists of determining whether the problem solution lies in teacher inservice training. If the latter is true, a workshop may be scheduled that can meet the teacher's training needs. If training is warranted and a workshop is available in the immediate future, the teacher is so notified and scheduled. If training is warranted but (a) a workshop is not available and/or (b) a workshop format is not considered the most appropriate vehicle for training, clinical inservice training is approved as Step 4 in the process.

Step 5 TEC staff identifies a resource person(s) who (a) has participated in a "Workshop for Clinical Inservice Resource Persons" and (b) possesses the skill and expertise to work effectively with the teacher and problem as described; TEC staff contacts and contracts the resource person to work with the teacher. (See Note 1, below.)

Step 6 The teacher and resource person meet to initially discuss the nature of the teacher's concern. Efforts are made to refine the concern into problem-specific statements. Discussions center around the analysis of the problem(s) in terms of possible causes and possible solutions. Arrangements are made for the initial observation of the teaching-learning environment for the purposes of data collection and problem definition.

Steps 7-8 The resource person observes the teaching-learning environment, engages in data collection, and develops a force field analysis* of the situation as Step 8.

Step 9 The teacher and resource person meet to analyze the latter's assessment of the situation following Steps 7 and 8. The purpose of the meeting is to reach consensual agreement on the situation, to identify strategies for dealing effectively with it, and to refine the statement of initial concern (Steps 1-6).

Step 10 Based upon Step 9 transactions, the teacher and resource person collaborate on the development of a formalized, individualized learning contract. The contract specifies the learning objectives of the teacher (cognitive, affective, psychomotor), the learning activities in which the teacher is to engage, the resources to be employed, time and place schedules, and criteria for the evaluation of process and product. The contract also cites, as a reference, the specific inservice program which has prior approval in the county's Master Inservice Plan.

Steps 11-12 a, b The learning contract of Step 10 is submitted to the Director of TEC for action. The TEC staff evaluates the contract in terms of a specific set of criteria including:

(a) Is the problem a training problem?

(b) Is the clinical inservice model the most appropriate training mechanism for dealing with the problem?

(c) Do the activities, resources, and timeliness seem relevant and realistic?

(d) Are evaluation procedures appropriate to document the degree of success achieved through the learning contract and the teacher?

Acceptance of the contract leads to a notification of approval and clearance to proceed. Rejection of the contract leads to either, (a) revision of the contract to conform to approved criteria (Step 10) or (b) discarding the clinical approach to

training in favor of participation in an appropriate workshop.

Steps 13-14 Implementation of the approved learning contract is pursued at this juncture. The learning prescription specified in the contract could include elements such as (a) action research, (b) independent study/reading, (c) materials development, (d) resource person coaching including performance feedback, (e) resource person demonstration and teacher modeling. In effect, this step is concerned with the initiation of activities and experiences that are deemed to be logically or empirically related to creating change in a desired direction with reference to the objectives on the learning contract.

Steps 15-18 Consistent with the timeliness and evaluative criteria specified in the learning contract, the resource person assesses the accomplishment of the learning objectives. Fulfillment of the contract leads to notification of the TEC. If all documents and evidence are in order, the contracted credits toward inservice training are appropriately awarded. If Step 15 reveals the contract is as yet unfulfilled, the teacher is so instructed. Thereafter Step 12b and Step 10 are revisited whereby previously approved learning activities and experiences are repeated until fulfillment of the contract is demonstrated. The clinical inservice model mayhe discarded in favor of an appropriate workshop should either of the alternatives prove inadequate.

Note 1

Clinical inservice resource personnel refers to colleague assistants, district level teachers on special assignment, or other local personnel who have qualified for the role as resource person.

University personnel who normally engage in clinical inservice activities may qualify by means other than the specified workshop program.

Note 2

Force Field Analysis is a specific technique for making objective observations forcing a choice between positive and negative factors. Other techniques such as a modification of the Flanders Scale could be utilized.

Note 3

The success of the clinical inservice model as implemented in Collier County has been augmented by conditions that may be peculiar to Collier County or the State of Florida.

The Legislative has mandated inservice education and has appropriated five dollars per student for the sole purpose of supporting inservice. Additionally, the university has been granted funds for the sole use of providing in-the-field service to teacher education centers without effect upon the teacher education center local budget.

Collier County employ teacher experts (teacher on special assignment) in curriculum areas with special attention to implementing county-wide programs of instruction.

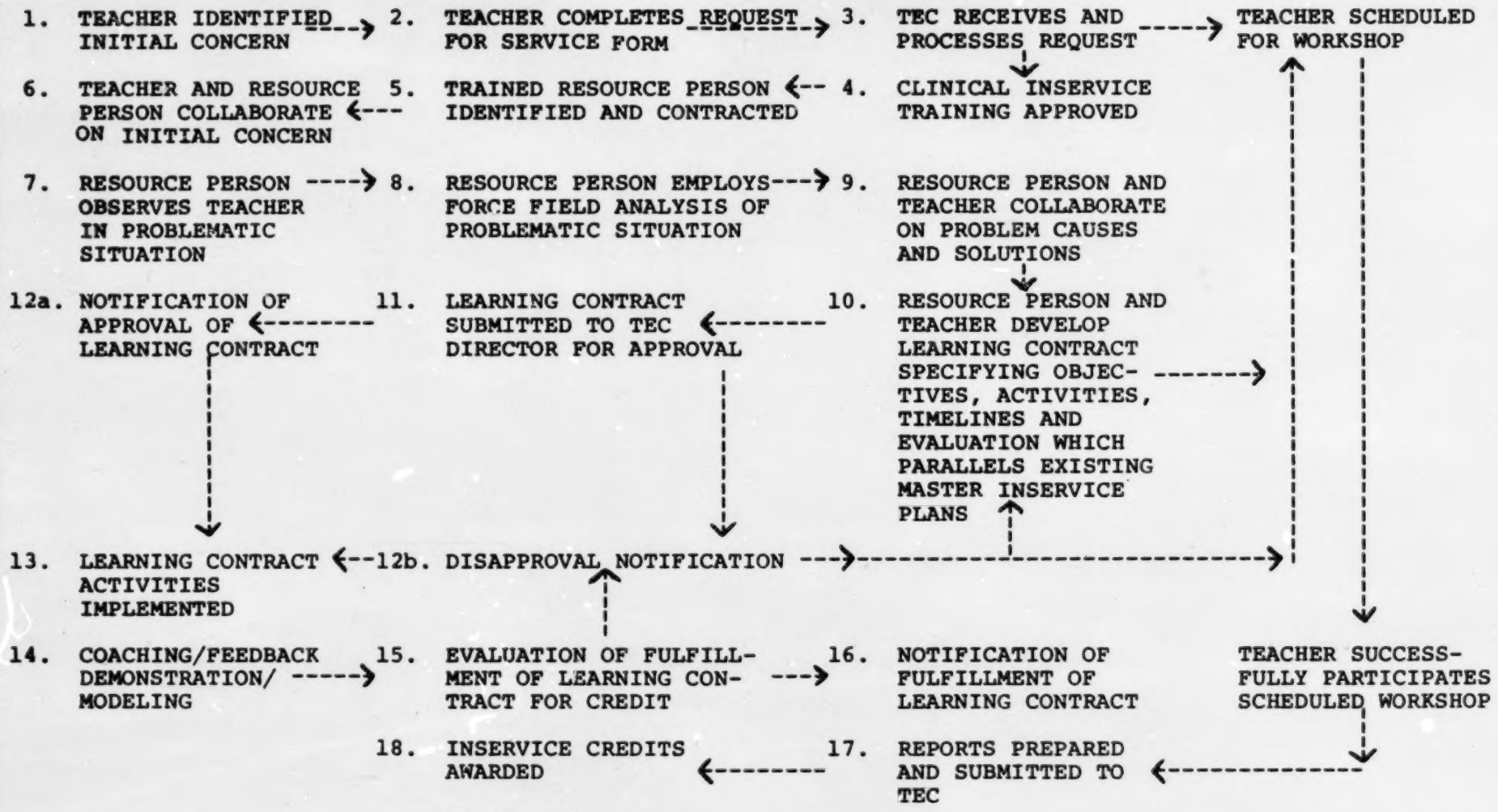
Note 4

The need for faculty development grows out of two emergent roles, generating knowledge, and knowledge utilization, leading to organizational effectiveness - and the desirability of the faculty playing the key role in managing planned change. The clinical approach as used in Collier County is designed to deal with knowledge in general and knowledge in action. Knowledge in general is what universities usually specialize in. This is

knowledge of general significance which is relatively independent of time and place.

Knowledge in action pertains to knowledge generated from action-in-progress, and the transformations of information while action is in progress. When a teacher is confronted with the requirement to take action knowledge in general is not sufficient. Knowledge for action requires more specific features, indicating where, when, with whom, or against what, in what way and so on. As Ruesch notes: "Action...occurs in a definite time-space location, and the identity of the actors matters to such an extent that lack of such specific knowledge dooms action or communication to failure." (Ruesch 1975)

Creating more knowledge-in-action is the knowledge generating role we see for teachers and faculties. The knowledge utilization role includes taking and using knowledge-in-general and knowledge-in-action generated elsewhere, such as other schools and universities and using it in a clinic setting.


1. TEACHER IDENTIFIED INITIAL CONCERN
2. TEACHER COMPLETES REQUEST FOR SERVICE FORM
3. TEC RECEIVES AND PROCESSES REQUEST
TEACHER SCHEDULED FOR WORKSHOP
4. CLINICAL INSERVICE TRAINING APPROVED
5. TRAINED RESOURCE PERSON IDENTIFIED AND CONTRACTED
6. TEACHER AND RESOURCE PERSON COLLABORATE ON INITIAL CONCERN
7. RESOURCE PERSON OBSERVES TEACHER IN PROBLEMATIC SITUATION
8. RESOURCE PERSON EMPLOYS FORCE FIELD ANALYSIS OF PROBLEMATIC SITUATION
9. RESOURCE PERSON AND TEACHER COLLABORATE ON PROBLEM CAUSES AND SOLUTIONS
10. RESOURCE PERSON AND TEACHER DEVELOP LEARNING CONTRACT SPECIFYING OBJECTIVES, ACTIVITIES, TIMELINES AND EVALUATION WHICH PARALLELS EXISTING MASTER INSERVICE PLANS
11. LEARNING CONTRACT SUBMITTED TO TEC DIRECTOR FOR APPROVAL
12a. NOTIFICATION OF APPROVAL OF LEARNING CONTRACT
12b. DISAPPROVAL NOTIFICATION
13. LEARNING CONTRACT ACTIVITIES IMPLEMENTED
14. COACHING/FEEDBACK DEMONSTRATION/ MODELING
15. EVALUATION OF FULFILLMENT OF LEARNING CONTRACT FOR CREDIT
16. NOTIFICATION OF FULFILLMENT OF LEARNING CONTRACT
TEACHER SUCCESSFULLY PARTICIPATES SCHEDULED WORKSHOP
17. REPORTS PREPARED AND SUBMITTED TO TEC
18. INSERVICE CREDITS AWARDED

CLINICAL INSERVICE TRAINING: FLOW OF EVENTS

Workshop for Clinical Inservice Resource Persons

The workshop for the training of clinical inservice resource persons is provided in outline form below. Training materials are detailed to the point that anyone having participated in the training would, in most cases, be capable of delivering the program at a later date. Materials include a set of trainer guidelines, materials, a list of the facilities for each activity, and trainee handouts.

Successful completion of the workshop is a prerequisite for all persons utilized as resource personnel in the delivery of clinical inservice training. Teachers desiring clinical inservice credit are limited to those clinical inservice resource persons who have successfully completed the training program. The training program consists of two days of training with 6 hours of training per day.

Training Program Outline

First Day

45 minutes — Introduction

1. warm up and introductions
2. overview of training
3. general questions

120 minutes — Developing a Problem Statement

1. identifying the four components of a problem statement
2. listening and clarifying the problem
3. writing problem statements

break (15)

lunch

90 minutes — Problem Analysis

1. clarification of needs vs. wants
2. Force Field Analysis

90 minutes — Developing Operational/Performance Objectives

1. clairification of Goals vs. Objectives
2. writing measurable objectives for training

Second Day

90 minutes — Developing Intervention Strategies

1. resource analysis
2. self assessment

break (15)

3. demonstration and modeling behaviors
4. coaching and feedback

lunch

90 minutes — Evaluation of Outcomes

1. overview of evaluation strategies
2. developing evaluation procedures from performance objectives